

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Ellison for Congress</div>			
ADDRESS (number and street) <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">PO Box 6072</div>			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <div style="border: 1px solid black; padding: 2px;">Minneapolis</div> <div style="border: 1px solid black; padding: 2px;">MN</div> <div style="border: 1px solid black; padding: 2px;">55406</div> </div>			
2. NAME OF CANDIDATE <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Keith Ellison</div>	3. OFFICE SOUGHT (State and District) <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <div style="border: 1px solid black; padding: 2px;">House</div> <div style="border: 1px solid black; padding: 2px;">MN</div> <div style="border: 1px solid black; padding: 2px;">05</div> </div>	4. FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">C00422410</div>	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Masud Imran</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">3719 Heron Ridge Dr</div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <div style="border: 1px solid black; padding: 2px;">Rochester Hills</div> <div style="border: 1px solid black; padding: 2px;">MI 48309-4522</div> </div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Name of Employer Henry Ford Hospital</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Occupation Anesthesiologist</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Date (month, day, year) 10/23/2014</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Amount 1000.00</div>
Transaction ID : VN8A3D64TG3			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Date (month, day, year)</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Amount</div>
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Date (month, day, year)</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Amount</div>
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Date (month, day, year)</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Amount</div>
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Name of Employer</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Date (month, day, year)</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Amount</div>
SIGNATURE (optional) <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Carla Kjellberg</div> <div style="text-align: center; margin-top: 5px;">[Electronically Filed]</div>		DATE <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">10/24/2014</div>	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)